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FACSIMILE TRANSMITTAL

TO:**Name:** Mail Stop AMENDMENT
Group Art Unit 3731/Examiner Kathleen Sonnett**Firm:** U.S. Patent & Trademark Office**Fax No.:** 571-273-8300**Subject:** U.S. Patent Application No. 10/706,715
John I. Shipp

Filed: November 12, 2003

SURGICAL LIGATION CLIP

Attorney Docket No. 127.0005-00000

Customer No. 22882

Confirmation No.: 7246

FROM:**Name:** Thomas H. Martin, Esq.**Phone No.:** 330-877-2277**No. of Pages (including this):** 14**Date:** September 14, 2007**Confirmation Copy to Follow:** NO

Message:**CERTIFICATE OF TRANSMISSION UNDER 37 CFR 1.8**

I hereby certify that the attached Transmittal Form (in duplicate; \$750.00 total amount to cover the \$450 two-month extension fee and \$300 additional claims fee is to be charged to Deposit Account No. 50-1068) and Amendment are being facsimile transmitted to the U.S. Patent and Trademark Office on September 14, 2007.


Sandra L. Blackmon

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FORM PTO-1083

Attorney Docket No.: 127.0005-00000
Customer No. 22882

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

John I. Shipp

Serial No: 10/706,715

Filed: November 12, 2003

For: SURGICAL LIGATION CLIP

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Art Unit: 3731

Examiner: Kathleen C. Sonnett

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Mail Stop AMENDMENT
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

Transmitted herewith is a reply to the Office Action dated May 4, 2007 in the above-identified application.

☐ No additional fee is required.☒ Applicant hereby requests a two-month extension of time to respond to the above office action.

The fee has been calculated as shown below:

	(Col. 1) CLAIMS REMAINING AFTER AMENDMENT		(Col. 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Col. 3) PRESENT EXTRA*	LG/SM \$ ENTITY FEE		ADD'L FEE DUE
TOTAL CLAIMS FEE	32	-	28 **	6	LG=\$50 SM=\$25	\$50	\$ 300.00
INDEPENDENT CLAIMS FEE	2	-	3 ***	0	LG=\$200 SM=\$100	\$200	\$ 0
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIMS					LARGE ENTITY FEE = \$380 SMALL ENTITY FEE = \$180		\$ -
TOTAL							\$ 300.00

* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box on Col. 1 of a prior amendment or the number of claims originally filed.

☒ The total amount of \$750.00 to cover the \$450 two-month extension fee and \$300 additional claims fee is to be charged to Deposit Account No. 50-1068.☒ The Commissioner is hereby authorized to charge any deficiencies of fees associated with this communication or credit any overpayment to Deposit Account No. 50-1068. A copy of this sheet is enclosed.☒ Any filing fees under 37 C.F.R. § 1.16 for the presentation of extra claims☒ Any patent application processing fees under 37 C.F.R. § 1.17

Respectfully submitted,

MARTIN & FERRARO, LLP

Date: September 14, 2007

By: Thomas H. Martin

Thomas H. Martin

Registration No. 34,383

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Transmittal of Amendment.DOC